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Testimony of Deborah Chernoff
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Before the Human Services Committee

Supporting: SB 278, AAC Nursing Home Facility Minimum Staffing Levels, and SB 280, AAC the Long-Term Care Ombudsman's Notice to Nursing Home Residents

Good afternoon, members of the Human Services Committee. For the record, my name is Deborah Chernoff and I serve as Public Policy Director for District 1199, representing approximately 28,000 caregivers in Connecticut, including more than 7,000 nursing home workers.

Thank you for this opportunity to testify in support of SB 278 and SB 280, two bills focused on better meeting the needs of nursing home residents.

SB 278, *An Act Concerning Nursing Home Facility Minimum Staffing Levels*, would raise the current minimum staffing ratio to 2.3 nursing staff hours per resident per day. This is a very modest improvement on the current minimum, which was set at 1.9 hours per resident per day decades ago and does not reflect in any way the reality of nursing home care in 2016. Today, the typical nursing home resident is older, frailer and more medically complex, requiring far more nursing support.

While 1199's nurses and nursing assistants support *any* improvement to staffing levels in nursing homes, future legislation must go much further to make a real difference in residents' – and caregivers' – lives and health. In practice, based on current data, this bill would affect only six nursing homes in Connecticut. Data from Medicare from January 2016 indicates that the average staffing level in Connecticut is 3.1 hours per resident per day, so this bill will have very little, if any, financial impact on the Medicaid system.

That average staffing level puts Connecticut 33rd among all states and fourth of the five New England state. It falls far below the 4.1 hours per resident per day recommended for more than 15 years by all the major advocacy organizations, including Consumer Voice, which is a national leader on nursing home quality issues. The 4.1-hour minimum standard has been

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supported thoroughly and repeatedly by academic and medical research as the minimum required for quality care and the best outcomes.

Moreover, many states also have minimum ratios of staff to residents by shift in their Public Health code, a standard that is far easier to monitor and reflects the reality of nursing home care. As a landmark study by the Center for Public Integrity in 2014¹ (cited below) found, self-reported staffing levels used by Medicare to compile data were wildly inaccurate, all too often including all paid hours – vacation, sick time, personal time, etc. – in their staffing count, rather than actual hours worked. A system that uses staffing ratios by shift – days, evenings and nights -- more accurately reflects the number of staff actually available to deliver care to nursing residents and we would urge your consideration of ratios in future nursing home legislation.

We also wish to voice our strong support for SB 280, *An Act Concerning the Long Term Care Ombudsman's Notice to Nursing Home Residents*. This bill would ensure that residents and their families get a timely and clear notice of their rights and resources if a nursing home is moving towards closure or substantially reducing beds. Our members and the residents they care for have seen all too often and too vividly what happens when a nursing home files the initial Letter of Intent with DSS, seeking state approval to close. Although that is just the initial phase of a long process, which sometimes results in the denial of such permission, residents are often panicked into leaving immediately, as these notices are often accompanied by misleading news coverage or misunderstanding of their right to find an alternate placement of their choosing, even if the facility is ultimately approved for closure.

We believe requiring that written notice of the filing of a Letter of Intent be accompanied by an informational letter from the Ombudsman's Office and the State Department of Aging would mitigate the panic and confusion we have witnessed in the past, with some residents waiting in the lobby with all of their possessions being relocated far from their original home, sometimes not even knowing where they are going. For residents, the closure of a nursing home is an eviction, a disruptive event that can have long term emotional and health consequences. We applaud any and all efforts to reduce the potential for trauma

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and hasty decision-making and look forward to working with the State Long-Term Care
Ombudsman and the Department of Aging to support residents' rights.

<http://www.publicintegrity.org/2014/11/12/16246/analysis-shows-widespread-discrepancies-staffing-levels-reported-nursing-homes>

CONNECTICUT IS AGING



CT NURSING HOME RESIDENTS NEED INCREASED SOCIAL WORK CARE

SUPPORT SENATE BILL NO. 278 AN ACT CONCERNING NURSING HOME FACILITY MINIMUM STAFFING LEVELS

Aging baby boomers and growing care gaps means fewer caregivers and more need for long-term care and social work services.ⁱ CT's population is aging. This demographic change is dramatic and permanent. More than one-third of CT's population is over age 50.ⁱⁱ CT's 65 and older population is projected to grow 57% between 2010 and 2040 while CT's 20 to 64 year old population is projected to grow less than 2%. Life expectancy for CT residents is 80.8 years of age -- third highest in the US.ⁱⁱⁱ Nearly 26% of CT's population will be 60 plus by 2030, an increase of 30 % from 2012.^{iv}

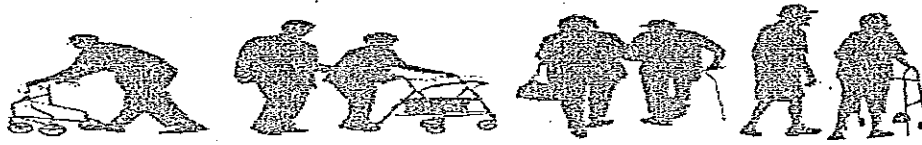
PROBLEM: EACH CT NURSING HOME RESIDENT RECEIVES ONLY ABOUT 9 MINUTES OF SOCIAL WORK CARE PER WEEK UNDER OUTDATED CT PUBLIC HEALTH REGULATIONS THAT STEM FROM WEAK FEDERAL REGULATIONS FROM THE 1980s THAT CT ADOPTED AND NEVER UPDATED

Federal law requires nursing homes with more than 120 beds to employ 1 full time qualified social worker to meet resident psychosocial needs. Research shows this staffing ratio is too high. Three-fourths (71.5%) of social services directors surveyed reported that 1 full time social worker could handle 60 or fewer long-term care residents and about half (54.8%) of respondents reported 1 full time social worker could handle 20 or fewer subacute care residents.^v CT's Medicare / Medicaid certified nursing homes are responsible for residents' psychosocial and mental well-being.^{vi} Social workers perform the clinical function of psychosocial assessment. This relates to examination and care of residents' psychological, social, emotional, and spiritual well-being. Social workers are usually the only staff to address residents' psychosocial needs. Federal quality investigation of psychosocial services among residents on Medicare Part A identified 39% of residents with psychosocial needs having inadequate care plans. Insufficient staffing and lack of time were reasons cited.^{vii} Social worker time accounted for only 1.8% of resident care. This indicates that the only staff with specific education and training to assess and provide for mental health and psychosocial care has but 6 minutes daily for each resident.^{viii}

SOLUTION: ENACT LEGISLATION INCREASING THE AMOUNT OF SOCIAL WORK CARE EACH NURSING HOME RESIDENT RECEIVES TO IMPROVE QUALITY OF LIFE

Vote YES on Senate Bill No. 278, An Act Concerning Nursing Home Facility Minimum Staffing Levels to reduce the current staffing ratios to 1 full time social worker to 80 residents in 2016 and further reduce the ratio in 2020 to 1 full time social worker to 60 residents. This conforms to better quality of life standards for our residents. Research shows that dignity and spiritual well-being are the most important indicators for nursing home elders' quality of life.^{ix} Social workers' code of ethics and core values- social justice, service, importance of human relationships, integrity, competence- advance residents' quality of life.

CT NURSING HOME RESIDENTS AND THEIR FAMILIES HAVE A HUMAN RIGHT TO INCREASED QUALITY SOCIAL WORK CARE



SOCIAL WORK CARE IS KEY TO THE PSYCHOSOCIAL WELL-BEING OF NURSING HOME RESIDENTS

CT MUST BE MORE PROGRESSIVE IN CARING FOR OUR NURSING HOME RESIDENTS

Social workers are a critical part of the interdisciplinary health care team at nursing homes. They are the only licensed skilled professionals in nursing homes qualified to perform biopsychosocial assessments. These inform care plans having measurable objectives that benefit residents and their families. Social workers do care planning and intervention, provision of and referral for mental health services, case management to facilitate coordination and continuity of care, assist residents and families with obtaining necessary services in the home or in the community, crisis intervention, advocating with and for residents within the facility to ensure greater choice, quality of life, and quality of care, assisting with end-of-life planning, including legal and health-related matters.^x

Vote YES on Senate Bill No. 278

An Act Concerning Nursing Home Facility Minimum Staffing Levels

OTHER STATES ARE MOVING TOWARDS INCREASING SOCIAL WORK CARE TIME FOR RESIDENTS

Other States have increased the ratio of social work time to residents. Arkansas requires 1 full time SW for the first 105 patients and 1 additional SW for every 50 additional patients. Massachusetts requires 8 hours of SW care for 40 to 80 residents and 20 hours of SW care for 80 or more residents. Maine requires ½ hour of SW care per resident per week. West Virginia requires 1 full time SW for 60 or more beds. Oklahoma requires at least 30 minutes per resident a week of designated social service staff based on the daily census with each facility having at least 20 hours per week of designated social service staff regardless of the number of residents.^{xi}

ⁱ http://www.aoa.acl.gov/Aging_Statistics/Profile/2013/3.aspx

ⁱⁱ <http://coa.cga.ct.gov/images/pdf/LivableCommunities2015AnnualReportFINAL.pdf>

ⁱⁱⁱ <http://www.wiltonbulletin.com/21594/connecticut-elderly-population-projected-to-grow-57-by-2040/>

^{iv} US Census Bureau, *Population Estimates; 2010 Census Special Reports, Centennarians: 2010, C2010SR-03, 2012.*

^v Bern-Klug, M., Kramer, K.W.O., & Cruz, I. (2010). How many nursing home residents can one social worker serve? *Journal of Aging & Social Policy*, 22, 33-52.

^{vi} Liu, J., & Bern-Klug, M. (2013). Nursing home social services directors who report thriving at work. *Journal of gerontological social work*, 56(2), 127-145.

^{vii} *Psychosocial Assessment of Nursing Home Residents via MDS 3.0: Recommendations for Social Service Training, Staffing, and Roles in Interdisciplinary Care*

(Harrington, Zimmerman, Karon, Robinson, & Beutel, 1997).

^{viii} Burack, O. R., Weiner, A. S., Reinhardt, J. P., & Annunziato, R. A. (2012). What matters most to nursing home elders: quality of life in the nursing home. *Journal of the American Medical Directors Association*, 13(1), 48-53.

^x Liu, J., & Bern-Klug, M. (2013). Nursing home social services directors who report thriving at work. *Journal of gerontological social work*, 56(2), 127-145.

^{xi} <http://www.hpm.umn.edu/nhregsplus/NH%20Regs%20by%20Topic/NH%20Regs%20Topic%20PDFs/QL%20-%20Social%20Work/NV%20sw.pdf>